



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Matthew J. Ryan
 17951052
 Otisville FCI
 Inmate Mail Parcels
 P.O. Box 1000
 Otisville, NY 10963

2. Article Number

(Transfer from service label)

7006 2150 0004 8336 8650

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1?** ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

7006 2150 0004 8336 8650

**U.S. Postal Service™
 CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

5130V1293 doc. 6

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

Postmark
 Here

Sent to
 Matthew J. Ryan 17951052
 Street, Apt. No.,
 or PO Box No. Otisville FCI Po Box 1000
 City, State, ZIP+4
 Otisville NY 10963
 PS Form 3800, August 2006 See Reverse for Instructions